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Approved for use through 10/31/2002. OMB 0651-0032
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UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))		Attorney Docket No. HO-P02199US2	
		First Inventor Nila Patil	
		Title METHODS FOR REDUCING COMPLEXITY, etc.	
		Express Mail Label No. EK102717370US	
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: Box Patent Application Commissioner for Patents Washington, DC 20231	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and photocopy for fee processing)		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or	
2. <input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27.		8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)	
3. <input checked="" type="checkbox"/> Specification [Total Pages 45] (preferred arrangement set forth below) - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure		a. <input type="checkbox"/> Computer Readable Form (CRF)	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 3]		b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper	
5. Oath or Declaration [Total Pages 1] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) c. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attesting deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)		c. <input type="checkbox"/> Statements verifying identity of above copies	
6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		ACCOMPANYING APPLICATIONS PARTS 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other:	
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76. <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: _____ Prior application information: Examiner _____ Group / Art Unit: _____ For CONTINUATION or DIVISIONAL APPS only. The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
19. CORRESPONDENCE ADDRESS <input checked="" type="checkbox"/> Customer Number or Bar Code Label 26,271 or <input type="checkbox"/> Correspondence address below			
Name Melissa L. Sistrunk Fulbright & Jaworski L.L.P. Address 1301 McKinney, Suite 5100 City Houston State Texas Zip Code 77010-3095 Country USA Telephone 713-651-3735 Fax 713-651-5246			
Name (Print/Type) Melissa L. Sistrunk Registration No. (Attorney/Agent) _____ Signature <i>Melissa Sistrunk</i> Date August 24, 2001			
Transmittal-New Utility Patent Application I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EK102717370US, in an envelope addressed to: Box Patent Application, Commissioner for Patents, Washington, DC 20231, on the date shown below. Dated: August 24, 2001 Signature: <i>Melissa Sistrunk</i> (Melissa Sistrunk)			

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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

Complete if Known

Application Number	TBA
Filing Date	August 24, 2001
First Named Inventor	Nila Patel
Examiner Name	Not Yet Assigned
Group Art Unit	N/A
Attorney Docket No.	HO-P02199US2

TOTAL AMOUNT OF PAYMENT (\$) 1,070.00

METHOD OF PAYMENT

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number: 06-2375 (order 10104379)
Deposit Account Name: Fulbright & Jaworski L.L.P.

- ☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 ☐ Applicant claims small Entity status See 37 CFR 1.27

2. ☐ Payment Enclosed

☐ Check ☐ Credit Card ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
101	710	201	355			Utility filing fee	710.00
106	320	206	160			Design filing fee	
107	490	207	245			Plant filing fee	
108	710	208	355			Reissue filing fee	
114	150	214	75			Provisional filing fee	
SUBTOTAL (1) (\$)							710.00

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
40	-20** =	20 X	18 = 360.00
Independent Claims	3	-3** =	0 X 0 = 0
Multiple Dependent			

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
103	18	203	9			Claims in excess of 20	
102	80	202	40			Independent claims in excess of 3	
104	270	204	135			Multiple dependent claim, if not paid	
109	80	209	40			** Reissue independent claims over original patent	
110	18	210	9			** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$)							360.00

**or number previously paid, if greater. For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
105	130	205	65			Surcharge - late filing fee or oath	
127	50	227	25			Surcharge - late provisional filing fee or cover sheet	
139	130	139	130			Non-English specification	
147	2,520	147	2,520			For filing a request for ex parte reexamination	
112	920*	112	920*			Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*			Requesting publication of SIR after Examiner action	
115	110	215	55			Extension for reply within first month	
116	390	216	195			Extension for reply within second month	
117	890	217	445			Extension for reply within third month	
118	1,390	218	695			Extension for reply within fourth month	
128	1,890	228	945			Extension for reply within fifth month	
119	310	219	155			Notice of Appeal	
120	310	220	155			Filing a brief in support of an appeal	
121	270	221	135			Request for oral hearing	
138	1,510	138	1,510			Petition to institute a public use proceeding	
140	110	240	55			Petition to revive - unavoidable	
141	1,240	241	620			Petition to revive - unintentional	
142	1,240	242	620			Utility issue fee (or reissue)	
143	440	243	220			Design issue fee	
144	600	244	300			Plant issue fee	
122	130	122	130			Petitions to the Commissioner	
123	50	123	50			Processing fee under 37 CFR 1.17(a)	
126	180	126	180			Submission of Information Disclosure Sheet	
581	40	581	40			Recording each patent assignment per property (times number of properties)	
146	710	246	355			Filing a submission after final rejection (37 CFR 1.128(a))	
149	710	249	355			For each additional invention to be examined (37CFR 1.129(b))	
179	710	279	355			Request for Continued Examination (RCE)	
169	900	169	900			Request for expedited examination of a design application	
Other fee (specify)							
*Reduced by Basic Filing Fee Paid							
SUBTOTAL (3) (\$)							

SUBMITTED BY

Name (print/type)	Melissa L. Sistrunk	Registration No. (Attorney/Agent)	45,579	Complete (if applicable)	
Signature	<i>Melissa L. Sistrunk</i>	Date	August 24, 2001	Telephone	(713) 651-3735

Fee Transmittal

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airmail No. EK102717370US, in an envelope addressed to: Commissioner for Patents, Washington, DC 20231, on the date shown below.

Dated: August 24, 2001

Signature: *Melissa L. Sistrunk* (Melissa Sistrunk)